

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3						
4						
5						
6						
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9						
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11						
12		1				
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23	1					
24		1				
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28	1					
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35						
36	1					
37		1				
38	1					
39	1					
40		1				
41						
42			1			
43						
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45						
46						
47						
48						
49						
50						
Total Indep	6					
Total Depend	21					
Total Claims	27					

	Indep	Depend	Indep	Depend	Indep	Depend
51						
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100						
Total Indep						
Total Depend						
Total Claims						